

P-262

Pulmonary Atresia and Intact IV Septum (PA intact IVS) after Successful transcatheter Valvotomy. Impact in right ventricular growth. Additional devices and surgical procedures in 10 years follow up.

*Mortera C., Bartrons J., Rissech M., Prada F., Jimenez L., Carretero J., Brugada J.
Hospital Sant Joan de Deu Barcelona Spain.*

Introduction

PA intact IVS after successful Transcatheter perforation Valvotomy (TPV) using radiofrequency / guide wire perforation followed by balloon dilatation of the imperforate pulmonary valve has created a group of patients depending on a number of additional Eco/Angio procedures to assure the good development of the RV besides the implantation of intracardiac devices to treat residual shunts or pulmonary branch stenosis and second Pulmonary valvuloplasty besides surgical procedures.

Methods and Results

In the last ten years we studied and follow up 25 selected patients with PA intact IVS. after successful TPV. 2D EcoColorDoppler were used as the control method in outpatient. A total of 55 Cardiac Catheterizations were performed. Intracardiac devices were implanted in 14+2 patients using a single Stent in the Ductus. In 3p R-L atrial shunt disappeared after ASD closer with an Amplatzer device. Two Pulmonary artery stents were implanted for pulmonary branch stenosis.

Surgical procedures: 6 B-T shunts and 2 Stents removal. One Glen anastomosis. 1 Pulmonary valvulotomy and 1 RV Infundibulectomy. Two Surgical ASD closure and 1 B-T shunt closure. 1 Ductus closure.

Right ventricular growth along the somatic growth was seen by Eco 2D and RV angiography although apical absence was still present. The original tricuspid regurgitation disappeared in all. RV function was good. However mild to moderate pulmonary regurgitation was present in 23 p remaining patients.

Conclusion

Right ventricular growth occurs after TPV. Tricuspid regurgitation usually disappeared. Stent occlusion may take place after 6-8 months after implantation however in most patients remain open with small degree of shunt, not requiring closure.

Pulmonary branch Stenosis related to a B-T surgical shunt can be release by implanting a branch stent.

Although a number of additional procedures are required in this group the clinical situation is satisfactory in functional class I. The only doubt will be the future evolution of the pulmonary regurgitation